



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: **PARKVIEW HUNTINGTON HOSPITAL**

City of Hospital: Huntington

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Sonya Foraker

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Medicare Provider Number: 150091

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$46095529
Outpatient Patient Service Revenue	\$142981812
Total Gross Patient Service Revenue	\$189077341

2. Deductions From Revenue

Contractual Allowance	\$126806136
Other Deductions	\$434
Total Deductions	\$126806570

3. Total Operating Revenue

Net Patient Service Revenue	\$62270771
Other Operating Revenue	\$1761652
Total Operating Revenue	\$64032423

4. Operating Expenses

Salaries and Wages	\$15475294	Employee Benefits	\$4892203
Depreciation and Amortization	\$960824	Interest Expense	\$5585

Bad Debt	\$-434	Other Expenses	\$29850598
Total Operating Expenses	\$51184070		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$12848353	Total Assets	\$44261821
Net Non-operating Gains over Loss	\$-911932	Total Liabilities	\$44261821
Total Net Gains	\$11936421		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$86415894	\$69737345	\$16678549
Medicaid	\$37644159	\$31726085	\$5918074
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$65017288	\$25343140	\$39674148
Total	\$189077341	\$126806570	\$62270771

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$318046	\$-318046

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss

Research	\$0	\$0	\$0
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Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$58435	\$131282	\$-72847

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$27913
Number of Citizens Exposed to Health Education Messages	\$27913

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$893385	
HCI Payments	\$0		
Subtotal	\$0	\$893385	\$-893385
Medicaid Shortfalls	\$6215497	\$8530001	
Subtotal	\$6215497	\$9423386	\$-3207889
DSH Payments	\$0		
Subtotal	\$6215497	\$9423386	\$-3207889
Medicare Shortfalls	\$17062063	\$18878808	
Other Government Programs	\$0	\$0	
Total	\$23277560	\$28302194	\$-5024634

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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